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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -1 PM 12:12

DOCUMENT # 736165 (2)

1. Corporation Name

PINE RIDGE ESTATES PROPERTY OWNER'S ASSOCIATION, INCORPORATED

Principal Place of Business	Mailing Address
1011 NE 48 RD OCALA FL 34470-1107 US	1011 NE 48 RD OCALA FL 34470-1107 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/21/1976
3a. Date of Last Report: 02/17/1994
4. FEI Number: 59-1764264 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) Country (25)	Zip (29) Country (30)

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CARIOTI, BARBARA
1011 NE 48TH RD
OCALA FL 34470

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Barbara Carioti — Jan. 30, '95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☑ Addition
NAME	RAUSEI, LOUIS	1.2 NAME	
STREET ADDRESS	815 N.E. 48TH ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	1.4 CITY-ST-ZIP	34470
TITLE	DT	2.1 TITLE	☐ Change ☑ Addition
NAME	BENNETT, ROSE M	2.2 NAME	
STREET ADDRESS	4721 NE 11TH ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	2.4 CITY-ST-ZIP	34470
TITLE	DS	3.1 TITLE	☐ Change ☑ Addition
NAME	MCGRIT, GAIL	3.2 NAME	
STREET ADDRESS	4811 NE 13TH ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA, FL 00000	3.4 CITY-ST-ZIP	34470
TITLE	DV	4.1 TITLE	☐ Change ☑ Addition
NAME	RAUSE, MAVIS	4.2 NAME	
STREET ADDRESS	815 NE 48 RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	4.4 CITY-ST-ZIP	34470
TITLE	D	5.1 TITLE	☐ Change ☑ Addition
NAME	GARRISON, CELIA	5.2 NAME	
STREET ADDRESS	910 NE 48TH ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	5.4 CITY-ST-ZIP	34470
TITLE	DP	6.1 TITLE	☑ Change ☐ Addition
NAME	~~CRIOTI~~, BARBARA	6.2 NAME	Carioti, Barbara
STREET ADDRESS	1011 NE 48 RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA, FL 00000	6.4 CITY-ST-ZIP	34470

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Barbara Carioti — Jan. 30, '95 — 236-4685
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000049